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CONFIRMATION NO. 5592

<b>SERIAL NUMBER</b> 10/711,593	<b>FILING OR 371(c) DATE</b> 09/28/2004 <b>RULE</b>	<b>CLASS</b> 244	<b>GROUP ART UNIT</b> 3641	<b>ATTORNEY DOCKET NO.</b> P04-01
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## APPLICANTS

Mark D. Fairchild, Royersford, PA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/481,941 01/22/2004 *SP*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None SP*

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Reginald</i> Examiner's Signature	<i>SP</i> Initials	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
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## ADDRESS

25759

## TITLE

FLIGHT CONTROL METHOD AND APPARATUS TO PRODUCE INDUCED YAW

<b>FILING FEE RECEIVED</b> 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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